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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 27.1
TITLE: INTEGUMENTARY SYSTEM

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(25)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

- A. August 26, 1985
- B. December 16, 1997, for topical treatment of diabetic foot ulcers.
- C. May 26, 1998, for topical treatment of skin ulcers caused by venous insufficiency.
- D. July 23, 2002, for electrical stimulation (ES) for treatment of chronic Stage III and Stage IV pressure ulcers, **arterial ulcers, diabetic ulcers and venous stasis ulcers.**
- E. **December 17, 2003, for electromagnetic therapy for treatment of chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers.**

II. PROCEDURE CODE(S)

- A. 10021-10022, 10040-11977, 11981-11983, 12001-15770, 15840-15845, 15851-19499, **97032**, and 97601-97602.
- B. **HCPSC Level II Codes: G0281 and G0283.**

III. DESCRIPTION

Integumentary system pertains to the skin, subcutaneous tissue and areolar tissue.

IV. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the integumentary system are covered.

V. POLICY CONSIDERATIONS

A. Excision of skin lesions.

1. Excision of the following skin lesions and/or conditions may be covered, as **they are** considered medically necessary and not performed for cosmetic purposes.

a. Malignant lesions:

- (1) Basal cell carcinoma.
- (2) Kaposi's sarcoma.
- (3) Malignant melanoma.
- (4) Mycosis fungoides.
- (5) Paget's disease of the nipple.
- (6) Squamous cell carcinoma.

b. Premalignant lesions:

- (1) Actinic keratosis.
- (2) Arsenical keratoses.
- (3) Congenital melanocytic nevi.
- (4) Dysplastic nevi.
- (5) Epithelioma cuniculatum.
- (6) Giant condyloma of Buschke and Lowenstein.
- (7) Keratoacanthoma.
- (8) Lentigo maligna (melanotic freckle of Hutchinson).
- (9) Leukoplakia (erythroleukoplakia).
- (10) Oral florid papillomatosis.
- (11) Organoid nevus (Jadassohn's sebaceous nevus).
- (12) Owen's disease.
- (13) Queyrat's erythroplasia.

(14) Tar keratoses.

c. Malignant degeneration in chronic irritant conditions:

(1) Cheilitis.

(2) Cutaneous ulcers.

(3) Ill-fitting appliances.

(4) Lichen planus.

(5) Lichen sclerosis et atrophicus.

(6) Lupus vulgaris.

(7) Radiation dermatitis.

(8) Thermal burn scars.

d. Special conditions.

(1) Benign tumors/lesions which become irritated, occurring mainly on the neck, axilla, and groin.

(2) Physical changes in lesions:

(a) Size.

(b) Color.

(c) Surface characteristics.

(d) Consistency.

(e) Shape.

(f) Surrounding skin, especially with signs of inflammation.

(g) Bleeding.

2. The use of laser surgery for removal of skin lesions when such surgery is considered acceptable medical practice for the condition is covered. The laser being used must be approved by the Food and Drug Administration (FDA) for general use in humans (beyond the investigational/experimental (unproven) stage), and the laser is merely used as a substitute for the scalpel.

B. Removal of skin lesions by the shave method.

C. Topical application of Alpigraf by a physician for the treatment of skin ulcers caused by venous insufficiency.

D. Tissue examinations performed by the operating physician in conjunction with excision procedures.

E. Biopsy of a skin lesion as an independent procedure.

F. Treatment of warts (CPT codes 17000-17111), including plantar warts, by surgical excision or other methods.

G. Moh's chemosurgery technique for excision of malignant skin lesions (CPT codes 17304-17310).

H. Topical Treatment of Diabetic Foot Ulcers. Application of Becaplermine Gel (Regranex) is a covered treatment of lower extremity diabetic neuropathic foot ulcers that extend into the subcutaneous tissue or beyond.

I. Routine foot care is a covered benefit only when the following systemic conditions may pose a hazard to the patient:

1. Diabetes mellitus with severe vascular disease.
2. Arteriosclerosis obliterans (arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis).
3. Buerger's disease (thromboangiitis obliterans).
4. Chronic thrombophlebitis.
5. Patients on anticoagulants.
6. Severe arthritis with functional impairment and circulatory impairment.
7. Peripheral neuropathies involving the feet:
 - a. Associated with malnutrition and vitamin deficiency (general pellagra).
 - b. Alcoholism.
 - c. Malabsorption syndrome (celiac disease, tropical sprue).
 - d. Pernicious anemia.
 - e. Patients on cancer chemotherapy.
 - f. Associated with malignancy.

- g. Associated with multiple sclerosis.
 - h. Associated with uremia (chronic renal disease).
 - i. Associated with traumatic injury.
 - j. Associated with leprosy or neurosyphilis.
 - k. Associated with hereditary disorders such as hereditary sensory radicular neuropathy, angiokeratoma corporis diffusum (Fabry's disease or syndrome), and amyloid neuropathy (hereditary neuropathic amyloidosis).
- J. Severe neurological impairment, e.g., stroke, spinal cord injury with impaired sensation and risk of infection.

K. Electrical stimulation (ES) and electromagnetic therapy for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers are covered benefits when standard wound care has been tried for 30 days with no measurable signs of healing. Continued ES and electromagnetic therapy are not covered if measurable signs of healing are not demonstrated within any 30-day period of treatment.

VI. EXCLUSIONS

A. Removal of corns or calluses or trimming of toenails and other routine podiatry services except those required as a result of diagnosed systemic medical disease affecting the lower limbs, such as diabetes. [38 CFR 17.272(a)(25)]

B. Services performed for cosmetic or psychological reasons. [38 CFR 17.272(a)(78)(84)]

C. Subcutaneous hormone pellet implantation (CPT 11980).

D. The removal of benign lesions/tumors for cosmetic purposes.

E. Topical medications for the removal of skin lesions. A topical medication used for the removal of skin lesions by 5-fluorouracil or other methods (i.e., in the form of lotions, salves, or ointments) is not covered as an independent procedure.

END OF POLICY